

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

INDIANA JOBS NOW

ADDRESS (number and street) ▼

PO Box 9891

☒ Check if different than previously reported. (ACC)

Arlington

VA

22219

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00603159

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MICHELE REISNER

Signature of Treasurer

MICHELE REISNER

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDIANA JOBS NOW

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2016 To: M M / D D / Y Y Y Y Y 03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	370000.00	370000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	370000.00	370000.00
7. Total Disbursements (from Line 31)	347042.80	347042.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22957.20	22957.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INDIANA JOBS NOW

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
03	/	31	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

370000.00

370000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

370000.00

370000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

370000.00

370000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

370000.00

370000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

370000.00

370000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	47847.55	47847.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	47847.55	47847.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	299195.25	299195.25
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	347042.80	347042.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	347042.80	347042.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	370000.00	370000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	370000.00	370000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	47847.55	47847.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	47847.55	47847.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA JOBS NOW

Full Name (Last, First, Middle Initial)

A. JOE A HOLLINGSWORTH JR

Mailing Address 2 CENTRE PLAZA

City
CLINTON

State Zip Code
TN 37716

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE HOLLINGSWORTH COMPANIES

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period

260000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOE A HOLLINGSWORTH JR

Mailing Address 2 CENTRE PLAZA

City
CLINTON

State Zip Code
TN 37716

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE HOLLINGSWORTH COMPANIES

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

110000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

370000.00

370000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA JOBS NOW

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUPMailing Address 611 PENNSYLVANIA AVE
#267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 16 2016

Transaction ID : SB21B.4190

Amount of Each Disbursement this Period

950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CROSBY OTTENHOFF GROUPMailing Address 611 PENNSYLVANIA AVE
#267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 15 2016

Transaction ID : SB21B.4193

Amount of Each Disbursement this Period

650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOCKE LORD LLPMailing Address 600 CONGRESS AVE
SUITE 2200

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 25 2016

Transaction ID : SB21B.4191

Amount of Each Disbursement this Period

643.75

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2243.75

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW			FEC IDENTIFICATION NUMBER ▼ C C00603159		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee CROSSROADS MEDIA LLC			<input type="checkbox"/> Memo Item		
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 22 / 2016		
City ALEXANDRIA		State VA	Zip Code 22314	Amount 37079.00	
Purpose of Expenditure MEDIA		Category/Type 004		Transaction ID : SE.4100 Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016	
Name of Federal Candidate TREY HOLLINGSWORTH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			District: 09 State: IN		
Calendar Year-To-Date Per Election for Office Sought 37079.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee CROSSROADS MEDIA LLC			<input type="checkbox"/> Memo Item		
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 22 / 2016		
City ALEXANDRIA		State VA	Zip Code 22314	Amount 37079.00	
Purpose of Expenditure MEDIA		Category/Type 004		Transaction ID : SE.4103 Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2016	
Name of Federal Candidate GREGORY FRANCIS MR. ZOELLER			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			District: 09 State: IN		
Calendar Year-To-Date Per Election for Office Sought 74158.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74158.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MICHELE REISNER Signature			[Electronically Filed] Date MM / DD / YYYY 04 / 15 / 2016		

Full Name of Payee CROSSROADS MEDIA LLC		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>01 / 29 / 2016</div> </div>	
Mailing Address 66 CANAL CENTER PLAZA SUITE 555				Amount <div> <div></div> <div>56704.18</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4142		
Purpose of Expenditure MEDIA	Category/ Type	<div></div>	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>01 / 28 / 2016</div> </div>		
Name of Federal Candidate GREGORY FRANCIS MR. ZOELLER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>216760.36</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113408.36
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00603159</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee CROSSROADS MEDIA LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE.4154
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Name of Federal Candidate TREY HOLLINGSWORTH			Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CROSSROADS MEDIA LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 66 CANAL CENTER PLAZA SUITE 555			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE.4156
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Name of Federal Candidate GREGORY FRANCIS MR. ZOELLER			Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 67491.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MICHELE REISNER			[Electronically Filed]		
Signature			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		FEC IDENTIFICATION NUMBER ▼ C C00603159	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee SRCP MEDIA INC. PRODUCTION		<input type="checkbox"/> Memo Item	
Mailing Address 201 N UNION ST SUITE 200		Date of Public Distribution/Dissemination 01 / 22 / 2016	
City ALEXANDRIA		State VA	
Zip Code 22314		Amount 9881.50	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 004	
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>09</u> State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought 84039.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SRCP MEDIA INC. PRODUCTION		<input type="checkbox"/> Memo Item	
Mailing Address 201 N UNION ST SUITE 200		Date of Public Distribution/Dissemination 01 / 22 / 2016	
City ALEXANDRIA		State VA	
Zip Code 22314		Amount 9881.50	
Purpose of Expenditure MEDIA PRODUCTION		Category/Type 004	
Name of Federal Candidate GREGORY FRANCIS MR. ZOELLER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>09</u> State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought 93921.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		19763.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
MICHELE REISNER		[Electronically Filed]	
Signature		Date 04 / 15 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		FEC IDENTIFICATION NUMBER ▼ C C00603159	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee SRCP MEDIA INC. PRODUCTION		<input type="checkbox"/> Memo Item	
Mailing Address 201 N UNION ST SUITE 200		Date of Public Distribution/Dissemination 03 / 03 / 2016	
City ALEXANDRIA	State VA	Zip Code 22314	Amount 5421.50
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 004	Transaction ID : SE.4157 Date of Disbursement or Obligation 03 / 04 / 2016	
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought 293773.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SRCP MEDIA INC. PRODUCTION		<input type="checkbox"/> Memo Item	
Mailing Address 201 N UNION ST SUITE 200		Date of Public Distribution/Dissemination 03 / 03 / 2016	
City ALEXANDRIA	State VA	Zip Code 22314	Amount 5421.50
Purpose of Expenditure MEDIA PRODUCTION	Category/Type 004	Transaction ID : SE.4158 Date of Disbursement or Obligation 03 / 04 / 2016	
Name of Federal Candidate GREGORY FRANCIS MR. ZOELLER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought 299195.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		10843.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
MICHELE REISNER Signature		[Electronically Filed] Date 04 / 15 / 2016	

Full Name of Payee TARGETED VICTORY		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400				Amount 4715.50	
City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SE.4133	
Purpose of Expenditure MEDIA PRODUCTION/MEDIA		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 01 / 22 / 2016	
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President District: 09 State: IN	
Calendar Year-To-Date Per Election for Office Sought		98636.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee TARGETED VICTORY		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400				Amount 4715.50	
City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SE.4134 Date of Disbursement or Obligation MM / DD / YYYY 01 / 22 / 2016	
Purpose of Expenditure MEDIA PRODUCTION/MEDIA		Category/ Type 004			
Name of Federal Candidate GREGORY FRANCIS MR. ZOELLER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		103352.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1104 1654 1364 1661"> <tr><td data-bbox="1104 1654 1364 1661">9431.00</td></tr> </table>	9431.00
9431.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1104 1661 1364 1665"> <tr><td data-bbox="1104 1661 1364 1665"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1104 1665 1364 1671"> <tr><td data-bbox="1104 1665 1364 1671"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDIANA JOBS NOW		FEC IDENTIFICATION NUMBER ▼ C C00603159	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee TARGETED VICTORY		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 11 / 2016	
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400				Amount 2050.20	
City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SE.4148	
Purpose of Expenditure MEDIA		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 12 / 2016	
Name of Federal Candidate TREY HOLLINGSWORTH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		218810.56		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee TARGETED VICTORY		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 11 / 2016	
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400				Amount 2050.19	
City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SE.4149	
Purpose of Expenditure MEDIA		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 12 / 2016	
Name of Federal Candidate GREGORY FRANCIS MR. ZOELLER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		220860.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4100.39
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	299195.25

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Signature

Date

MM / DD / YYYY
04 / 15 / 2016